

Quality & Safety

I am very pleased that the first phase of the Nursing Model of Care has been rolled out as planned. Senior Leadership rounding with patients has been received well by staff, and we are finding that patients are very appreciative and gracious to share their experiences with us. Top themes emerging surround the top rate care provided by the clinical teams and our physicians, food quality as well as the "busyness" at both campuses. The next phase of the plan involves observing the standard work with the nursing units around structured rounding along with our plan to bolster wound care at our institution.

I know our board members are aware of the capacity crisis we experienced over the holiday season. We did activate our Incident Management System which was an effective means to align our team to deal with the challenges posed by the surge of activity. It did feel very much like our hospital was at the front of this wave of surge activity and we have since returned to our "normal" level of activity. I would also be remiss if I did not mention how proud I am in the performance of my management team throughout this crisis and how well everyone rose to meet this extraordinary challenge.

People and Partnerships

I am very happy to report that the collaborative work the Hospital and Foundation are doing with KCI, is moving along nicely. The first phase of their work is complete which entails an internal capacity assessment - essentially a current state analysis. To that end, I know that Chelsea has already contacted you all to schedule a joint board retreat to review their findings and set the stage for our collaboration in forming the next major capital campaign to support Perth redevelopment. This important work will ensure alignment around achieving our collective goals for the redevelopment project and provide direction around the structure, process and resources needed to be successful.

As the board is aware, our ongoing capacity issues are driven to a significant extent by our high ALC levels. As the majority of our ALC patients are awaiting placement in long-term care, I am delighted to be attending the official ribbon cutting at the G. Tackaberry Family Home in Athens on Wednesday. In spite of the fact that there are 3 people in the community for every 1 person in the hospital waiting for Long-Term Care placement, it is a welcomed opportunity to maintain the hospital's profile within the Leeds & Grenville County.

Finance and infrastructure

In addition of capacity strain, high ALC level also have financial impacts. To that end, I was very pleased for the team and I to meet with Anna Greenberg, the newly minted CEO of Ontario Health at Home (OH@H). OH@H coordinates placements into Long-Term Care, coordinates home care and community supports outside of Acute Care. We had a very good discussion about our situation as well as the unique challenges faced by rural hospitals such as PSFDH. I am happy to support that our discussion was very well received, and we are not seeing that we are getting some special attention aiming to expedite their placement processes that hopefully lead to a faster and more appropriate placement for our patients waiting for Long-Term Care.



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